

<b>Case Number:</b>	CM14-0206704		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/04/1991
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year-old male with a 6/04/1991 date of injury. According to the 9/30/14 pain management report, the patient presents with chronic low back pain and has been diagnosed with lumbar disc displacement; degeneration of the lumbar disc; disorder of sacrum and Morton's neuroma. The patient is reported to be managing pain with diazepam 10mg tid; oxycodone hydrochloride 10mg qid; Lisinopril 20mg; Aleve 220mg q8hr. The report states "He is doing well with oxycodone 10mg up to 2 per day. He denies side effects" The prior pain management report is dated 8/28/14 and states the same. The available medical reports did not provide discussion of pain relief, or improved function or quality of life with use of oxycodone. 5 medical reports were provided for this review from 6/4/14 through 9/30/14. On 12/4/14, utilization review recommended non-certification for oxycodone hydrochloride 10mg, tid, #90. The reviewer states there is no drug testing or written opioid contract, and states the physician "should consider immediately performing drug toxicology testing and maintaining a writing opioid contract updated at least once yearly".

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxycodone Hydrochloroide 10mg #90 for chronic lumbar pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The

Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010 Physicians Desk Reference, 68th ed, www.rxlist.com, Official Disability Guidelines (ODG), www.online.epocrates.com, www.empr.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** The records show the patient has been provided Oxycodone since 6/4/14. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more)" requires documentation of pain and functional improvement and compare to baseline. MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." and "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available pain management reports from 6/4/14 through 9/30/14 do not discuss pain relief with use of oxycodone. There is no measurement of pain or functional improvement using a numerical scale or validated instrument. The report does not meet the MTUS criteria for long-term use of opioids. Based on the provided reports, the request for Oxycodone Hydrochloride 10mg #90 for chronic lumbar pain IS NOT medically necessary.